

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3726

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 W. Mill</u>				d. STREET ADDRESS (If rural, give location) <u>402 W. Mill</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Silas</u>		b. (Middle) <u>Everett</u>		c. (Last) <u>Morian</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>10</u>		(Year) <u>1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 12, 1876</u>		9. AGE (In years last birthday) <u>74</u>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Druggist</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Hanibal Morlan</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Roberts</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Dennis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Morlan, Kirkville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis and</u> DUE TO (c) <u>Hypertension; Unknown duration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>4:50</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 10, 1950</u> , to <u>Feb. 10, 1950</u> , that I last saw the deceased alive on <u>Feb. 10, 1950</u> , and that death occurred at <u>4 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. G. Lambert D.O.</u>		(Degree or title)		23b. ADDRESS <u>Kirkville, Mo.</u>		23c. DATE SIGNED <u>Feb. 11 '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/12/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kirkville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-1-50</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u>		ADDRESS <u>Kirkville, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

FEB 20 1955

District Health Officer No.

District File Number 2-50

FEB 20 1955

Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Roy H. Messer

Licensed Embalmer No. 4432

P.O. Address Kirkville, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.